



Effective on 12/8/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

		<i>Complete if Known</i>	
		Application Number	10/051,282
		Filing Date	January 22, 2002
		First Named Inventor	Felkey, et al.
		Examiner Name	Thein, M.
		Customer No.	25537
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit	3627
TOTAL AMOUNT OF PAYMENT	(\$) 910.00	Attorney Docket No.	WMA01001

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account. Deposit Account Number: 07-2347 Deposit Account Name: _____
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charges fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

<u>Fee (\$)</u>	<u>Fee (\$)</u>
50	25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200	100
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Multiple dependent claims

360	180
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Total Claims

<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
33 - 39 = 0	x \$50.00	= \$ 0.00

Multiple Dependent Claims

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
\$360.00	_____

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
10 - 11 = 0	x \$200.00	= \$ 0.00	_____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
0 - 100 = 0	/ 50 = 0	(round up to a whole number)	x \$250.00	= \$ 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: RCE fee _____ \$790.00

One Month Extension Fee _____ \$120.00

SUBMITTED BY

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Name (Print/Type)	Phouphanomketh Dithhavong				Date	May 1, 2006